

Alameda County HMIS Service Configuration Form

Agency Name:

Staff Name:

Service Site:

<u>Single Site, Single Building</u>	<input type="checkbox"/>
<u>Single Site, Multiple Buildings</u>	<input type="checkbox"/>
<u>Multiple Sites</u>	<input type="checkbox"/>

Service Site Type:

<u>Non-Residential: Services Only</u>	<input type="checkbox"/>
<u>Residential: Special Needs & Non-Special Needs</u>	<input type="checkbox"/>
<u>Residential: Special Needs Only</u>	<input type="checkbox"/>

Geocode: (where will services be provided)

<u>Alameda County 69001</u>	<input type="checkbox"/>	<u>Livermore 62034</u>	<input type="checkbox"/>
<u>City of Alameda 60012</u>	<input type="checkbox"/>	<u>Pleasanton City 62826</u>	<input type="checkbox"/>
<u>Berkeley 60324</u>	<input type="checkbox"/>	<u>San Leandro 63276</u>	<input type="checkbox"/>
<u>Fremont 61404</u>	<input type="checkbox"/>	<u>Union City 63846</u>	<input type="checkbox"/>
<u>Hayward 61602</u>	<input type="checkbox"/>	<u>Other 69001 (specify:)</u>	<input type="checkbox"/>
<u>Oakland 62508</u>	<input type="checkbox"/>	<input type="text"/>	

HMIS Programs to Include

List the full HMIS name for each program that should receive this service configuration. Type each the program name exactly as it appears in HMIS. If there are different configurations for different projects please fill out a separate form for each configuration.

1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	

Services Configuration

Examine the full list of services and service categories. Review which items necessary for your

Examine the full list of services and service categories. Review which items necessary for your programs reporting and funding requirements. Mark each service category that is required by your organization/program using the checkbox on the lefthand side.

Check to Include
This Service



<input type="checkbox"/>	AIDS-Related	Group Meeting	Referral
		Individual Meeting	
<input type="checkbox"/>	Alcohol and Drug Abuse	Group Meeting	Referral
		Individual Meeting	
<input type="checkbox"/>	Case Management	Assessment/Service Plan	Individual Meeting
		Group Meeting	
<input type="checkbox"/>	Child Care	Referral	
		Support/Services	
<input type="checkbox"/>	Credit Repair	Referral	
<input type="checkbox"/>	Education	Academic Support	School Enrollment
		Referral	
<input type="checkbox"/>	Employment	On The Job Training	Support/Services
		Referral	
<input type="checkbox"/>	Financial	Late Fees	
		Referral	
<input type="checkbox"/>	Food	Groceries	Referral
		Meal	
<input type="checkbox"/>	Health Care	Referral	Support/Services
		Special Medical Equipment	
<input type="checkbox"/>	Housing	Disability/Accessibility	Problem Solving
		Modifications	Referral
		Home Furnishings	Retention

	Household Items	Workshop
	Housing Application Fees	
	Navigation	
<input type="checkbox"/>	Legal Services	
	Referral	Support/Services
<input type="checkbox"/>	Life Skills	
	Anger/Conflict Management	Individual Meeting
	Art	Parenting
	Budgeting	Technology
	Group Meeting	
<input type="checkbox"/>	Mental Health	
	Group Meeting	Referral
	Individual Meeting	
<input type="checkbox"/>	Motel and Hotel Vouchers	
	Motel and Hotel Voucher	
<input type="checkbox"/>	Moving Cost Assistance	
	Moving Service	Storage Payment
	Moving Van	
<input type="checkbox"/>	Outreach Contact	
	Group Meeting	Individual Meeting
<input type="checkbox"/>	Rental Assistance	
	Back Rent	Referral
	Current Rent	
<input type="checkbox"/>	Safety Net Services	
	Benefits Support	Mail
	Clothing	Phone
	General Assistance	Referral
	Hygiene Supplies	Supplies
<input type="checkbox"/>	Security Deposit	
	Current Deposit	Overdue Deposit
<input type="checkbox"/>	Transportation	
	Tickets	
<input type="checkbox"/>	Utility Deposit	
	Current Deposit	Overdue Deposit
<input type="checkbox"/>	Utility Payments	
	Current Payment	Referral
	Overdue Payment	

Additional Comments

